IPDR6702	: 10/22/2006		***	NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT		PA	GE: 1	-
RUN DATE:	: 10/22/2006			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 10/26/2006				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		0500	240	DEMANA NOW COMPANY OF COMPANY				
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	340	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
	11/00/383			BENEFIT PACKAGE.				
		167	278	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS		989	1124	135
				A NEW CLAIM				
		8505	250	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				NI BODGET				
3404904	WESTERN HIGHLAN	8534	104	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8536	48	ATTENDING PROVIDER TYPE AND SP		220	3025	2805
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
			+	VALUE FOR SUBMITTED BILLING PK				1
		79	29	THIS SERVICE IS NOT PAYABLE TO				<u> </u>
				YOUR SUBMITTED BILLING				
			-	PROVIDER TYPE AND SPECIALTY IN				-
3404910	PATHWAYS	11	214	CLIENT NOT ELIGIBLE ON SERVICE				-
				DATE				
		8599	137	DETAIL NOT COVERED BY COMBINAT	3:	435	2693	2237
				ION OF RECIPIENT, PROVIDER AND	3.	455	2093	2237
				BENEFIT PACKAGE.				
		8933	33	ADTNC INELIGIBLE TO RECEIVE SE				
		0333	33	RVICES IN IPRS.				
								1
3404912	CATAWBA COUNTYM	3411	12	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	ENTAL HEALT			BENEFIT SERVICES ON OR AFTER D				1
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	:	16	1920	1904
				RVICES IN IPRS.				
								1
		11	1	CLIENT NOT ELIGIBLE ON SERVICE				
3404913		21	26908	DATE DUPLICATE OF CLAIM-SYSTEM				
3404913	MECKLENBURG COM ENTAL HEALT	2.1	20900	BOTBICKIE OF CHAIN-SISIEM				-
	DIVITIO TIDITO							
		8599	9947	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	68:	43313	70748	27435
				BENEFIT PACKAGE.				1
		79	1731	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
			1	PROVIDER TYPE AND SPECIALTY IN				-
		<u> </u>						
3404916	CROSSROADS BEHA	8599	63	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL		-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
			+					1
		11	21	CLIENT NOT ELIGIBLE ON SERVICE		121	2448	2327
				DATE				
			-					-
	1	79	12	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
	+	-	1	PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM	11	541	CLIENT NOT ELIGIBLE ON SERVICE				-
	AN SERVICES			DATE				
		8599	48	DETAIL NOT COVERED BY COMBINAT		616	944	328
			+	ION OF RECIPIENT, PROVIDER AND		616	944	328
				BENEFIT PACKAGE.				
_		120		OF TENES TO MINIOUS MESONANCE TO THE				
		120	0	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				-
			+	AS A NEW CLAIM				-

PROVIDER		UTCU DENTAL	NUMBER OF				TOTAL	TOTAL
NUMBER	DROUTDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	3411	10	PROVIDER TYPE AND SPECIALTY 07				
	TAL HEALTHC			4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				BENEFIT SERVICES ON OR AFTER D				
		8599	6	DETAIL NOT COVERED BY COMBINAT	0	22	1039	1017
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	2	DUPLICATE OF CLAIM-SYSTEM				
		2.1	-	DOFBICATE OF CHAIN-SISIEM				
3404920	ALAMANCE CASWEL	8599	1813	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3412	566	PROVIDER TYPE AND SPECIALTY 07				
		2417	366	4/113 CANNOT BILL ENHANCED	128	3881	10990	7109
				BENEFIT SERVICES ON OR AFTER D				
		79	288	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
3404921	onavon ne	21	965	PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM				
J1049Z1	ORANGE PERSON C HATHAM AREA		303	DOLLIONIE OF CHAIN-SISIEM				
	DAIDAN AREA							
		11	661	CLIENT NOT ELIGIBLE ON SERVICE	0	1858	4020	2162
				DATE				
		8599	214	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	5404	1363	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
	ER			04/10002/103/003/800				
		21	823	DUPLICATE OF CLAIM-SYSTEM	0	2538	4524	1986
		0577	124	DESCRIPTION TO MOT DAVABLE FOR V				
		8537	124	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				
		8537	124	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8537	124	OUR PROVIDER TYPE AND				
3404923	FIVE COUNTY MH	8537 8536	124	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP				
3404923	FIVE COUNTY MH			OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
3404923	FIVE COUNTY MH			OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP				
3404923	FIVE COUNTY MH	8536	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR		750	2000	2127
3404923	FIVE COUNTY MH			OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT	0	762	2889	2127
3404923	FIVE COUNTY MH	8536	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	762	2889	2127
3404923	FIVE COUNTY MH	8536	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	762	2889	2127
3404923	FIVE COUNTY MH	8536	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	762	2889	2127
3404923	FIVE COUNTY MH	8536	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	762	2889	2127
3404923		8536	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	0	762	2889	2127
	SANDHILLS CENTE	8536 8599	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	762	2889	2127
		8536 8599	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	0	762	2889	2127
	SANDHILLS CENTE	9536 9539 8599 21	241 93 90 450	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
	SANDHILLS CENTE	8536 8599	241	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0			
	SANDHILLS CENTE	9536 9539 8599 21	241 93 90 450	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
	SANDHILLS CENTE	9536 9539 8599 21	241 93 90 450	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0			
	SANDHILLS CENTE	9536 9539 8599 21	241 93 90 450	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN	53			
	SANDHILLS CENTE	8599 21 21 11	241 93 90 450	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING FR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE CLIENT ION DEBLET MISSING OR IN VALID. ENTER CID AND SUBMIT	0			
	SANDHILLS CENTE	8599 21 21 11	241 93 90 450	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN	0			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 21 8599 11	93 90 90 450 260	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	53			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 21 21 11	241 93 90 450	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING FR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE CLIENT ION DEBLET MISSING OR IN VALID. ENTER CID AND SUBMIT	53			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 21 8599 11	93 90 90 450 260	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	53			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 21 8599 11	93 90 90 450 260	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	53			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 21 8599 11	93 90 90 450 260	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	53			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 21 21 11 120	241 93 90 450 260	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		1027	12509	11482
	SANDHILLS CENTE R FOR MH/DD	8599 21 21 11 120	241 93 90 450 260	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT		1027	12509	11482
3404925	SANDHILLS CENTE R FOR MH/DD	9536 9599 9599 21 9599 11 120	241 93 90 450 260 173 3449	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1027	12509	11482
3404925	SANDHILLS CENTE R FOR MH/DD	8599 21 21 11 120	241 93 90 450 260	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		1027	12509	11482

							TOTAL	TOTAL
PROVIDER	1	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	21	129	DUPLICATE OF CLAIM-SYSTEM				
	HC							
		8952	38	CLAIM DENIED DUE TO AGE RESTRI	0	253	2036	1783
				CTIONS FOR TARGET POPULATION				
		8599	22	DETAIL NOT COVERED BY COMBINAT				
		8599	22	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BENEFII FACAGE.				
3404930		11	310	CLIENT NOT ELIGIBLE ON SERVICE				
3404930	JOHNSTON COUNTY	11	310	DATE				
	MNTL HLTHC			5112				
		0	n		0	310	310	
					U	310	310	U
3404931	WAKE CO HUM SVC	8599	348	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
	BILLING OF			BENEFIT PACKAGE.				
		8534	107	SERVICE FACILITY LOCATION IS N	111	1009	14647	13638
				OT A VALID IPRS ATTENDING	111	1009	1404/	13038
				PROVIDER. PLEASE VERIFY THE F	 			
				<u> </u>	 			
		120	102	CLIENT ID NUMBER MISSING OR IN	 			
				VALID. ENTER CID AND SUBMIT				
	1			AS A NEW CLAIM				
	1							
3404933	SOUTHEASTERN CT	11	59	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		8599	17	DETAIL NOT COVERED BY COMBINAT	2	89	1536	1447
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8952	9	CLAIM DENIED DUE TO AGE RESTRI				
				CTIONS FOR TARGET POPULATION				
3404934	ONSLOW CARTERET	8534	53	SERVICE FACILITY LOCATION IS N				
	BEHAV HEAL			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8535	50	SERVICE FACILITY LOCATION WAS	0	228	713	485
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	33	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND	ļ			
				BENEFIT PACKAGE.	ļ			
2404025	1	0	0	*** NO DAME TO DEPOND CO.				
3404935	WAYNE CO MENTAL	U	U	*** NO DATA TO REPORT ***				
	HEALTH CTR				 			
		0	0		-	_	-	-
		1	1		0	0	0	0
	1	1		+	 	1		
3404936	WILSON-GREENE M	191	3	CLIENT ID NUMBER DOES NOT MATC	 			
	WILSON-GREENE M ENTAL HEALT			H PATIENT NAME	 			
				<u> </u>	 			
				<u> </u>	 			
	1	8599	2	DETAIL NOT COVERED BY COMBINAT	0	6	739	733
	1			ION OF RECIPIENT, PROVIDER AND	,	ľ	739	
				BENEFIT PACKAGE.	1			
					1			
		5404	1	SEVERE DUPLICATE: SAME ATTD PR	1			
				OV/PCODE/TOS/DOS/MOD				
3404937	EDGECOMBE NASH	21	25	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8534	12	SERVICE FACILITY LOCATION IS N	0	41	268	227
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

DD OTTED DD		UVAL DENIES					TOTAL	TOTAL
PROVIDER NUMBER	PROUVER WANT	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
WOMBER	PROVIDER NAME	EOBS	DENTALS	DESCRIFITON	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8534	29	SERVICE FACILITY LOCATION IS N				
	ALTH CENTER			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		21	18	DUPLICATE OF CLAIM-SYSTEM	0	48	445	397
							****	337
		79	1	THIS SERVICE IS NOT PAYABLE TO				
		79	1	YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404941	PITT CO MH/DD/S	21	1016	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		8599	966	DETAIL NOT COVERED BY COMBINAT	67	3626	6343	2717
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8537	500	PROCEDURE IS NOT PAYABLE FOR Y				
		0337	500	OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404942	ROANOKE CHOWANH	8599	7	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC	_		ION OF RECIPIENT, PROVIDER AND	_			<u> </u>
		+		BENEFIT PACKAGE.				
		23	1	SERVICE REQUIRES PRIOR APPROVA	0	9	38	11
		1		L	1	9	36	- 11
-								
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA	8536	271	ATTENDING PROVIDER TYPE AND SP				
	L HEALTH CE			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		25.00		PRODUCT NOT COMPANY BY COMPANY				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3	290	658	368
				BENEFIT PACKAGE.				
		4807	4	SERVICE DENIED. UNIT LIMITATIO				
				N HAS BEEN EXCEEDED FOR THIS				
				SERVICE				
3404944	EASTPOINTE HUMA	21	431	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		5404	373	SEVERE DUPLICATE: SAME ATTD PR				
		3404	373	OV/PCODE/TOS/DOS/MOD	16	1100	4010	2910
				07/1002/100/200/102				
		8599	157	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	21	813	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT	-						
	21122 112121							
		5404	224	SEVERE DUPLICATE: SAME ATTD PR	48	1919	8842	6923
		1	1	OV/PCODE/TOS/DOS/MOD				
		+	+	+	1	-		
		3411	219	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404957		11		OF TRAIN MORE BY TOTAL BY ASSESSED.	1			
3404957	TIDELAND MENTAL	11	0	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	HEALTH CTR	+	+		1	-		
		1						
		8599	2	DETAIL NOT COVERED BY COMBINAT	0	12	1429	1417
				ION OF RECIPIENT, PROVIDER AND		<u> </u>		
		1	1	BENEFIT PACKAGE.				
		5404	1	SEVERE DUPLICATE: SAME ATTD PR		-		
		1		OV/PCODE/TOS/DOS/MOD				
			<u> </u>	<u> </u>		<u> </u>		
3404979	NEW RIVER AREAM	120	15	CLIENT ID NUMBER MISSING OR IN				
	H/DD/SA PRO	+		VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
	+	+	1	Marin Canada	1			
		5404	8	SEVERE DUPLICATE: SAME ATTD PR	0	44	2570	2526
				OV/PCODE/TOS/DOS/MOD				
					1			
		0.7						
		21	19	DUPLICATE OF CLAIM-SYSTEM	1	1		